## RECEIVED CENTRAL FAX CENTER

	IIIN a 6 2005
1	IN THE UNITED STATES PATENT AND TRADEMARK OFFICE $^{ m JUN}$ $^{ m g}$ 2005
2	Application Serial No
•	Filing Date
3	Inventorship
4	Assignee Microsoft Corporation
	Group Art Unit
5	Examiner
6	Title: Operating System User Interface for Staged Write Media
7	
8	To: Honorable Commissioner for Patents Alexandria, VA 22313-1450
	Alexandra, VA 22515-1450
9	From: Emmanuel A. Rivera (Tel. 509-324-9256; Fax 509-323-8979)
10	Customer No. 22801
11	
12	RESPONSE TO FEBRUARY 10, 2005 OFFICE ACTION
13	Sir:
14	In response to the Office action of February 10, 2005, the response is
. 15	provided as follows:
16	The noming of the comme organ of page of the page of t
5/21/2005 EWARREN	00000001 Remarks/Arguments begin on page 15 of this paper.
01 FC:1251 18	20.00 DA
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PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000												9/848,	936
		CLAIMS AS	PART I (Colum		SMALL ENTITY TYPE			OTHER SMALL E	-				
TOTAL CLAIMS			47			RATE FEE				RATE	FEE		
FOR		NUMBER FILED NUMBE		ER EXTRA	BASIC FEE		355.00	OR	ASIC FEE				
TO	TOTAL CHARGEABLE CLAIMS		#/ minus 20= 27		27	X\$ 9=			OR	X\$18=	4860	•	
INDEPENDENT CLAIMS			+ minus 3 = 4			X4	40=		OR	X80=	320 ±		
MULTIPLE DEPENDENT CLAIM PRESENT									OR	+270=			<del>Б</del> 0
- 11	the difference	in column'1 is	less than ze	ro, enter "0" in o	column 2	TO	TAL		OR	TOTAL	5/6.00		S
	C	LAIMS AS A	MENDED	- PART II (Column 2)	(Column 3)	SM	IALL E	NTITY	OR	OTHER SMALL E			
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	·	Best Available
DME	Total	. 46	Minus	47	= <	X	9=		OR	X\$18=			D
MEN	independent	• 7	Minus	<i>⊶</i> γ	= \	×	40=		OR	X80=			Ō
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	35=		OR	+270=			C
								-	1	TOTAL ADDIT, FEE			Copy
		(Column 1)		(Column 2)	(Column 3)		IT. FEE						Y
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
ğ	Total	. 46	Minus	. 46	· -	- X	<b>\$</b> 9=		OR	X\$18=			
	Independent	· 7	Minus	7		X	40=		OR	X80=			
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						135=		OR	+270=			
							TOTAL		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Column 2)	(Column 3)	١			•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	**	s	X	\$ 9=		OR	X\$18=		1	
RE	Independent		Minus	OCNIDENT CLAN	= M		(40=		OR	X80=		1	
F				PENDENT CLAI		•	135=		OR	+270=		4	
"If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the entry in column 1 is less than the entry in column 2, write "O" in Column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. enter "3."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. enter "3."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. enter "3."											1		